

Judge: Honorable Mary Jo Heston  
Chapter: 7  
Hearing Location: Tacoma  
Hearing Date: September 9, 2021  
Hearing Time: 9:00 a.m.  
Response Date: September 2, 2021

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF WASHINGTON  
TACOMA DIVISION

IN RE STEPHEN LEE ATES,

Debtor.

No. 21-41090-MJH

SUPPLEMENTAL  
DECLARATION OF LAUREL GIBSON IN  
REPLY TO DEBTOR'S RESPONSE TO  
MOTION TO LIFT STAY

I, Laurel Gibson, being over the age of 18 and competent to testify, state the following:

- 1) On April 1, 2020, I filed a lawsuit In Pierce County Superior Court against Stephen Ates, Kelly Ann Brace and Family Classic Homes Incorporated. Mr. Johns is counsel for all three Defendants and has been actively litigating on their behalf.
- 2) Mr. Johns fought our motion for partial summary judgment, our three motions to compel (two resulting in sanctions of which \$900 is still owed), and our motion to amend the complaint. In fact, our trial was originally set to occur in March of 2020 but Mr. Johns moved for a continuance ostensibly to hire a forensic accountant.
- 3) Mr. Johns states he is not ready to proceed to trial now because in late May, Mr. Ates said he would file for bankruptcy. Late May was already 13 months into litigation and Mr. Ates was actively soliciting business throughout the month of May. Exhibit 1 is a

SUPPLEMENTAL DECLARATION OF LAUREL GIBSON IN REPLY RE:  
AUTOMATIC STAY – PAGE 1  
Cause No. No. 21-41090-MJH


**BAUMAN & WOLF, PLLC**  
**POST OFFICE BOX 2095**  
**TACOMA, WA 98401**  
**TEL: 206.264.4577**

1 true and correct email to a prospective customer and Mr. Ates' submittal for building  
2 permit during May, a copy of which are attached as Exhibit 2.

- 3 4) Throughout the discovery process Mr. Ates has lied and obfuscated to frustrate the  
4 process. He has altered profit and loss statements, fabricated a counterclaim, lied  
5 under oath during deposition, lied under oath during the 341 creditors meeting, refused  
6 to turn over records, and requested continuances on false pretenses.
- 7 5) I believe that Mr. Johns' current Declaration statement now that he is not prepared to  
8 go to trial on behalf of FCH and Mr. Ates amounts to two possible scenarios; either he  
9 was being disingenuous to Judge Chushcoff on the morning of July 1, 2021 when he  
10 answered "ready" to go to trial or he is being disingenuous to this Court now.
- 11 6) Mr. Ates' bankruptcy filing is part of his predesigned scheme to bilk multiple creditors  
12 for hundreds of thousands of dollars and walk away from the debt. He told me in  
13 February of 2020 that he was filing for bankruptcy. He then proceeded to collect more  
14 than half a million dollars in loans and customer deposits.
- 15 7) Mr. Ates' opposition to this motion to lift the stay is a further tactic to wear down the  
16 Plaintiffs so that they "just go away." Very few people are able to pursue this case as I  
17 have been for more than 14 months. Only recently has law enforcement begun its  
18 investigation.
- 19 8) I ask this Court to weigh the entire last year of litigation, the volume of filings in State  
20 Court by the Plaintiffs and the inefficiency of starting over with unfamiliar bankruptcy  
21 counsel. The Pierce County Superior Court bench is familiar with this case. It would  
22 be grossly inefficient and prejudicial to Plaintiffs to have to start over in this Court.  
23 Worse yet, it would further reward Defendants who have been capitalizing for years  
on an overburdened regulatory system and an overburdened judicial system.

I declare that the foregoing is true and correct under penalty of perjury by the laws of  
Washington State and the laws of the United States.

DATED: 9/3/2021 \_\_\_\_\_

DocuSigned by:  
  
BA\BFW16A0297470...  
Laurel Gibson Signed in Burien, WA

# EXHIBIT 1

**From:** Donovan Heavener <[rusticdecorwa@gmail.com](mailto:rusticdecorwa@gmail.com)>  
**Date:** May 17, 2021 at 1:05:45 PM PDT  
**To:** Tina Heavener ❤️ 😊 ❤️ <[tinaheavener@gmail.com](mailto:tinaheavener@gmail.com)>  
**Subject:** Fwd: Family Classic Homes

Sent from my iPhone

Begin forwarded message:

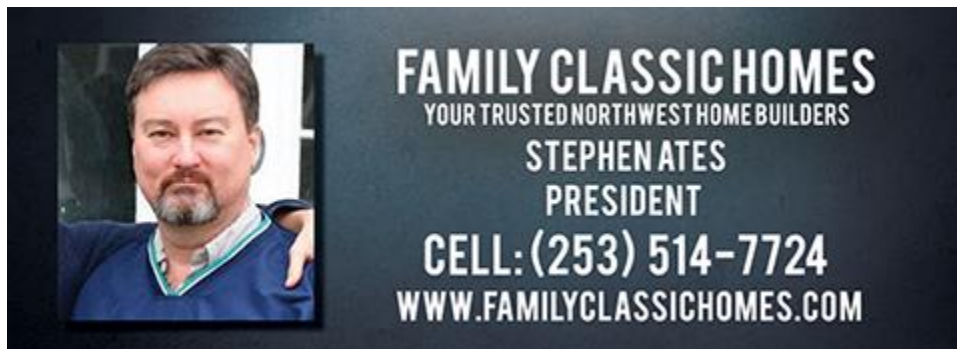
**From:** steve ates <[builderates@gmail.com](mailto:builderates@gmail.com)>  
**Date:** May 17, 2021 at 11:27:46 AM PDT  
**To:** [rusticdecorwa@gmail.com](mailto:rusticdecorwa@gmail.com)  
**Subject:** Family Classic Homes

Hi Jim,

A few questions. Does your property have water, Septic, Power? Do you have plans or plan Ideas? Any information you can send me would be helpful. When would you be available to meet and discuss?

Thank you,

Steve.



# EXHIBIT 2

**MASON COUNTY COMMUNITY SERVICES**Permit No: Bld2021-00685

PERMIT ASSISTANCE CENTER:

• BUILDING • PLANNING • FIRE MARSHAL

615 W. Alder St - Shelton, WA 98584

www.co.mason.wa.us

Phone Shelton: (360)427-9670 ext. 352 • Fax: (360)427-7798

Phone Belfair: (360)275-4467 • Phone Elma: (360)482-5269

**PLUMBING & MECHANICAL PERMIT APPLICATION****OWNER INFORMATION:**

NAME: DONAVAN & TINA HEAVENER  
 MAILING ADDRESS: 16626 80th AVE CT E  
 CITY: PUYALLUP STATE: WA ZIP: 98375  
 1st PHONE: \_\_\_\_\_  
 2nd PHONE: \_\_\_\_\_  
 EMAIL: TINA HEAVENER@gmail.com

**CONTRACTOR INFORMATION:**

NAME: FAMILY CLASSIC HOMES  
 MAILING ADDRESS: 60 NIE LAKE DR  
 CITY: TAHWA STATE: WA ZIP: 98588  
 PHONE: \_\_\_\_\_ CELL: (253) 753-7692  
 EMAIL: DHART@FAMILYCLASSICHOMES.COM  
 L&I REG # \_\_\_\_\_ EXP. 1/1

**PARCEL INFORMATION:**

PARCEL NUMBER (12 Digit Number): 324235001005 Zoning: RR 2.5  
 LEGAL DESCRIPTION (Abbreviated): ALLIE AUL'S SUMMER HOME TRACT  
 SITE ADDRESS: 241 N. WILL WEBB RD CITY: LILLIWAP, WA 98555  
 DIRECTIONS TO SITE ADDRESS: OUT OF THE TOWN LILLIWAP HEAD NORTH ON N. US HWY 101 UNTIL YOU COME TO N. WILL WEBB RD, TURN LEFT OFF HWY HEAD UP THE ROAD & THE PARCEL IS ON YOUR LEFT

**TYPE OF JOB:**

NEW ☒ ADD \_\_\_\_\_ ALT \_\_\_\_\_ REPAIR \_\_\_\_\_ OTHER \_\_\_\_\_ USE OF BUILDING \_\_\_\_\_  
 LOCATION OF FIXTURES/UNITS - 1st FLOOR \_\_\_\_\_ 2nd FLOOR \_\_\_\_\_ BASEMENT \_\_\_\_\_ GARAGE \_\_\_\_\_ OTHER \_\_\_\_\_

**PLUMBING FIXTURES (SHOW NUMBER OF EACH)**

Type of Fixture	No. of Fixtures	Fees
Toilets	<u>2</u>	_____
Bathroom Sink	<u>3</u>	_____
Bath Tubs	<u>1</u>	_____
Showers	<u>1</u>	_____
Water Heater	<u>1</u>	_____
Clothes Washer	<u>1</u>	_____
Kitchen Sinks	<u>1</u>	_____
Dishwasher	<u>1</u>	_____
Hose bibs	<u>2</u>	_____
Other	_____	_____

Base Fee \_\_\_\_\_

TOTAL PLUMBING \_\_\_\_\_

**MECHANICAL UNITS**

Fuel Type: Electric	LPG	Natural Gas	Ductless
Type of Unit	No. of Units	Fees	
Furnace <u>MINI SPLIT</u>	<u>1</u>	_____	<input checked="" type="checkbox"/>
Heat Pump	_____	_____	
Spot Vent Fan	<u>4</u>	_____	
Propane Tank	<u>1</u>	_____	
Gas Outlets	_____	_____	
Wood/Gas/Pellet Stove	<u>1</u>	_____	
Kitchen Exhaust Hood	<u>1</u>	_____	
Dryer Vent	<u>1</u>	_____	
Solar Panel	_____	_____	
Other	_____	_____	

Base Fee \_\_\_\_\_

TOTAL MECHANICAL \_\_\_\_\_

OWNER acknowledge submission of inaccurate information may result in a stop work order or permit revocation. Acknowledgement of such is by signature below. I declare that I am the owner, owners legal representative, or contractor. I further declare that I am entitled to receive this permit and to do the work as proposed. I have obtained permission from all the necessary parties, including any easement holder or parties of interest regarding this project. The owner or authorized agent represents that the information provided is accurate and grants employees of Mason County access to the above described property and structure(s) for review and inspection. This permit/application becomes null & void if work or authorized construction is not commenced within 180 days or if construction work is suspended for a period of 180 days. **PROOF OF CONTINUATION OF THIS PERMIT IS BY MEANS OF INSPECTION. INACTIVITY OF THIS PERMIT APPLICATION OF 180 DAYS WILL INVALIDATE THE APPLICATION.**

X

Signature of Owner

Date

DEPARTMENTAL REVIEW	APPROVED	DATE	DENIED	DATE	TAGS/NOTES/CONDITIONS
BUILDING DEPARTMENT					
PLANNING DEPARTMENT					
FIRE MARSHAL					



**MASON COUNTY COMMUNITY SERVICES****PERMIT ASSISTANCE CENTER:**

• BUILDING • PLANNING • PUBLIC HEALTH • FIRE MARSHAL

615 W. Alder Street, Shelton, WA 98584

Phone Shelton: (360)427-9670 ext. 352 • Fax: (360)427-7798 Phone  
Belfair: (360)275-4467 • Phone Elma: (360)482-5269Permit No: Bld 2020-00685  
**RECEIVED**

MAY 06 2021

**BUILDING PERMIT APPLICATION**

615 W. Alder Street

PROPERTY OWNER INFORMATION:	CONTRACTOR INFORMATION:
NAME: <u>DONAVANT TINA HEAVENER</u>	NAME: <u>FAMILY CLASSIC HOMES</u>
MAILING ADDRESS: <u>16626 802 AVE CTE</u>	MAILING ADDRESS: <u>60 NE LAKE DR</u>
CITY: <u>PHILLIPS</u> STATE: <u>WA</u> ZIP: <u>98375</u>	CITY: <u>TANNA</u> STATE: <u>WA</u> ZIP: <u>98588</u>
PHONE #1: _____	PHONE: _____ CELL: <u>(253) 753-7692</u>
PHONE #2: _____	EMAIL: <u>DHART@FAMILYCLASSICHOMES.COM</u>
EMAIL: <u>TINA.HEAVENER@GMAIL.COM</u>	L&I REG # _____ EXP. <u>1/1</u>

PRIMARY CONTACT:	OWNER <input type="checkbox"/>	CONTRACTOR <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
NAME: <u>DALE HART</u>			
MAILING ADDRESS: <u>60 NE LAKE DR</u>		EMAIL: <u>DHART@FAMILYCLASSICHOMES.COM</u>	
PHONE: _____		CITY: <u>TANNA</u> STATE: <u>WA</u> ZIP: <u>98588</u>	
		CELL: <u>(253) 753-7692</u>	

**PARCEL INFORMATION:**

PARCEL NUMBER (12 Digit Number) 324235001005 ZONING RR 2.5

LEGAL DESCRIPTION (Abbreviated) ALLIE AHL'S SUMMER HOME TRACT FIRE DISTRICT

SITE ADDRESS 241 N. WILL WEBB RD CITY LILLIAN, WA 98555

DIRECTIONS TO SITE ADDRESS OUT OF THE TOWN LILLIAN HEAD NORTH ON N. US HWY 101 UNTIL YOU COME TO N. WILL WEBB RD. TURN LEFT

IS THE PROJECT WITHIN 300 FT OF SLOPE(S) GREATER THAN 14%: YES ☒ NO ☐ FOLLOW UP ROAD ON LEFT

IS PROPERTY WITHIN 200 FT OF THE FOLLOWING: (Check all that apply):  
 SALTWATER ☐ LAKE ☐ RIVER/CREEK ☐ POND ☐ WETLAND ☐ SEASONAL RUNOFF ☐ STREAM ☐

**TYPE OF WORK:** NEW ☒ ADDITION ☐ ALTERATION ☐ REPAIR ☐ OTHER ☐

USE OF STRUCTURE (Residence, Garage, Commercial Bldg, Etc.) SFR

IS USE: PRIMARY ☒ SEASONAL ☐ NUMBER OF BEDROOMS \_\_\_\_\_ NUMBER OF BATHROOMS \_\_\_\_\_

HEATED STRUCTURE? YES (Whole Bldg) ☒ YES (Part[s] of Bldg) ☐ NO ☐

DESCRIBE WORK CONSTRUCTION OF A NEW SINGLE FAMILY RESIDENCE

**SQUARE FOOTAGE:** (propose + existing)

1ST FLOOR 965 sq. ft. 2ND FLOOR \_\_\_\_\_ sq. ft. 3RD FLOOR \_\_\_\_\_ sq. ft. BASEMENT 420 sq. ft.

DECK 204 sq. ft. COVERED DECK 28 sq. ft. STORAGE \_\_\_\_\_ sq. ft. OTHER 28 sq. ft.

GARAGE \_\_\_\_\_ sq. ft. Attached ☐ Detached ☐ CARPORT \_\_\_\_\_ sq. ft. Attached ☐ Detached ☐

**MANUFACTURED HOME INFORMATION:** NA \*4 COPIES OF THE FLOOR PLAN REQUIRED\*

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ LENGTH \_\_\_\_\_

WIDTH \_\_\_\_\_ BEDROOMS \_\_\_\_\_ BATHS \_\_\_\_\_ SERIAL NUMBER \_\_\_\_\_

**ENVIRONMENTAL HEALTH:**

SEWAGE/SEWER SOURCE: SEPTIC ☒ SEWER ☐ / NEW ☒ EXISTING ☐

PLUMBING IN STRUCTURE? YES ☒ NO ☐ If yes, attach completed Water Adequacy Form

PERIMETER/FOUNDATION DRAINS PROPOSED? YES ☒ NO ☐ EXISTING SQ. FT. \_\_\_\_\_

EXISTING BEDROOMS \_\_\_\_\_ PROPOSED BEDROOMS \_\_\_\_\_ TOTAL BEDROOMS \_\_\_\_\_

OWNER acknowledges that submission of inaccurate information may result in a stop work order or permit revocation. Acknowledgement of such is by signature below. I declare that I am the owner and I further declare that I am entitled to receive this permit and to do the work as proposed. I have obtained permission from all the necessary parties, including any easement holder or parties of interest regarding this project. The owner or legal representative, represents that the information provided is accurate and grants employees of Mason County access to the above described property and structure(s) for review and inspection. This permit/application becomes null & void if work or authorized construction is not commenced within 180 days or if construction work is suspended for a period of 180 days.

**PROOF OF CONTINUATION OF WORK ON THIS PERMIT IS BY MEANS OF INSPECTION. INACTIVITY OF THIS PERMIT APPLICATION OF 180 DAYS OF MORE WILL CAUSE THE APPLICATION TO BE EXPIRED. (MASON COUNTY CODE 14.08.42)**

X [Signature] Signature of OWNER (Must be signed by the OWNER) Date 5-6-2021

DEPARTMENTAL REVIEW	APPROVED	DATE	DENIED	DATE	TAGS/NOTES/CONDITIONS
BUILDING DEPARTMENT					
PLANNING DEPARTMENT					
FIRE MARSHAL					
PUBLIC HEALTH					